

11-29-01

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Please type plus sign inside this box + PTO/SB/05(03/01) Approved for through 10/31/2002 OMB 0651-0032 +

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37.1.53(b))

Attorney Docket No.	04645.1003
First Inventor	Palazzo et al.
Title	Use of Heat-Treated Electrodes Contact
Express Mail Label No.	EE209745109US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages / 30]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets / 6]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages / 3]</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies |
|---|---|

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☒ Other: Checks for \$920.00 and \$40.00

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of the prior application No: _____

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		<input checked="" type="checkbox"/> Correspondence address below	
NAME		Michael F. Scalise			
		Hodgson Russ LLP			
ADDRESS		One M&T Plaza, Suite 2000			
CITY	Buffalo	STATE	New York	ZIP CODE	14203-2391
COUNTRY	United States of America	TELEPHONE	(716) 856-4000	FAX	(716) 849-0349
Name (Print/Type)	Michael F. Scalise	Registration No. (Attorney/Agent)	34,920		
Signature	<i>Michael F. Scalise</i>	Date	November 27, 2001		

"Express Mail" Mailing Label Number EE209745109US

Date of Deposit November 27, 2001

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202

Barbara Haggerty

Name

Signature

BFLODOCS:626888

FEE TRANSMITTAL for FY 2002

Patent Fees are subject to annual revision.

Application Number	
Filing Date	11/27/2001
First Named Inventor	Palazzo et al.
Examiner Name	
Group/Art Unit	
Attorney Docket Number	04645.1003

TOTAL AMOUNT OF PAYMENT	(\$960.00)
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1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 08-2442
Deposit Account Name:
Hodgson Russ LLP

3. ADDITIONAL FEES

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27.

2. ☒ Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

Fee Paid

103 740 201 370 Utility filing fee \$740

106 330 206 165 Design filing fee \$

107 510 207 255 Plant filing fee \$

108 740 208 370 Reissue filing fee \$

114 160 214 80 Provisional filing fee \$

SUBTOTAL (1)

2. EXTRA CLAIM FEES

Extra Fee from
Claims below

Fee Paid

Total Claims / 30 / -20** = / 10 / x / 18 / = \$180

Independent Claims / 3 / - 3** = / 0 / x / 84 / = \$0

Multiple dependent / / x / / = \$

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

103 18 203 9 Claims in excess of 20

102 84 202 42 Independent claims in excess of 3

104 280 204 140 Multiple dependent claim if not paid

109 84 209 42 **Reissue independent claims over original patent

110 18 210 9 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

SIGNATURE:

Michael F. Scalise

Reg. No. 34,920

DATE: November 27, 2001

Telephone: (716) 848-1258

"Express Mail" Mailing Label Number: EE209745109US

Date of Deposit: November 27, 2001

*Reduced by basic filing fee paid

SUBTOTAL (3)

\$40

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Barbara Haggerty
Name

Barbara Haggerty
Signature

November 27, 2001
Date of Signature

626890